



Business Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Business Phone: _____

Primary Contact Name: _____

Primary Contact Email: _____

Title: _____ Web Address: _____

Networking:

Please indicate which opportunities you would be interested in:

- Leads Group
- Coffee & Connections
- Business After Hours
- Special Events

Referral Information:

Who can we thank for referring you: Name: _____

Business: _____

Business Information

Please place a check mark next to the number of Full Time/Part Time (equivalents) at your place of business: All new members must pay a one-time charge of \$25 as their registration fee.

Retired Member of the Chamber/Student Rate \$50

Additional Location Annual Membership \$100 (MUST HAVE a primary location with an active membership. Contact: _____)

Address: _____ City: _____ Zip: _____

Elected Officials/Government/Non-Profit (0 paid employees) \$125

0 - 5 employees \$175

6 - 10 employees \$200

11 - 25 employees \$225

26 - 50 employees \$250

50 + employees \$275

Annual Membership Dues: (based on employee count, from above) \$ _____

Registration Fee: (new members **ONLY**) \$25.00 \$ _____

TOTAL: \$ _____

Payment Information

Method of Payment: Check # _____

Please make checks payable to: Cottleville Weldon Spring Chamber of Commerce

Credit Card: Card information will be shredded.

Credit Card # _____ CVC: _____

Expiration Date: _____ Billing Zip Code: _____

I hereby submit this application and authorize payment on behalf of the company named above.

Signature of applicant: _____ Date: _____

Please return your completed application along with payment to:

Cottleville-Weldon Spring Chamber of Commerce

5342 Hwy N

Cottleville, MO 63304

Should you have any questions *please* don't hesitate to call 636-336-2979